

Tenant Based Rental Agreement

I _____ agree to cooperate with _____ as a program participant in the Shelter Plus Care, Tenant Based Rental Program funded by HUD. I will comply with the following program rules. I understand through my participation in this program that my rent will be subsidized for up to five (5) years as long as I comply with the following:

Property Address: _____

1. I agree to abstain from the use of illegal drugs and will not abuse alcohol or other substances while in this program.
2. I agree to random drug testing as determined necessary by my treatment plan or case manager.
3. I agree to pay my utilities and keep electric and water on at all times in my apartment. Failure to maintain utilities is a safety hazard and may result in termination from the grant within 5-days.
4. I agree to work toward my goals and objectives as documented in my individualized service plan which I developed in cooperation with my case manager. I understand that my participation in the services identified in the plan to provide matching dollars for my rent subsidy.
5. I agree to work with my case manager regarding any problems that may arise with my landlord. Should I move from the premises without proper notice to my case manager and/or landlord I will lose HUD funds that are provided for my rent.
6. I agree to maintain all appointments with my case manager and housing liaison.
7. I agree to maintain my apartment in a clean and safe manner and report any repairs and/or safety concerns to the landlord. I have been advised that if my apartment is not maintained in an acceptable manner, and becomes a safety hazard, that I will be given 48-hours to correct the identified issues. Failure to clean-up or correct identified problems can result in termination from the grant. Continued violations of this expectation will result in termination.
8. I agree to manage my behavior in the community in a socially appropriate manner and that any behavior that results in arrest or incarceration may result in loss of my HUD subsidy.
9. I understand that the HUD rent subsidy, is paid directly to my landlord. It is my responsibility to pay all other housing expenses such as; rent co-pay, utilities, food, daily living expenses, etc. are my responsibility.
10. I understand that personal information regarding my case will be kept confidential except for the information that must be shared with HUD and/or the coordinating agency as a requirement of the grant. I will be educated on the scope of this information and must sign a release for information relevant to determining eligibility and on-going program participation.
11. I understand that required personal information will be entered into the HMIS Data Base on a monthly basis.
12. I understand that I will not be allowed to have unauthorized roommates live in my apartment.
13. Any visitor(s) will not be allowed to stay more than one (1) week.
14. I understand that if determined eligible for this program, I must participate in finding my own apartment within thirty (30) days of signing of my service plan.
15. I am aware that I have (30) days to file a written appeal if I am terminated from the grant for any reason and disagree with the decision.
16. I am aware that a violation(s) of my lease that result in an eviction notice from my landlord or leasing agent, may also result in termination from the grant.
17. Other conditions determined by the Shelter Plus Care committee: _____

Client Signature

Date

Case Manager Signature

Date